

282278

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

RECEIVED

FEB 27 2019

PSC SC
CLERK'S OFFICE

DOCKET
NUMBER: 2018 - 84 - 1

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jamarlo Yates

Telephone: 864-729-2011

Address: 14 East Butler Rd Suite A
Mauldin SC 29662

Fax: 864-729-2012

Other:

Email: CFielder@transportationdemand

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

JS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 2/25/19

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Transportation on Demand, Inc
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

14 East Butler Rd Suite A Moultrie SC 29662
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-729-2011

Phone

864-729-2012

Fax

Cfielder@Transportationondemand.org
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Catherine Fielder 112 Davenport Rd Apt 227 Simpsonville SC 29680

Jamarr Yates 112 Davenport Rd Apt 227 Simpsonville SC 29680

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	10,000	Mortgage/Loan on Real Estate	Ø
Value of Motor Vehicles	20,000	Loans Owed on Motor Vehicles	Ø
Cash on Hand	20,000	Business/Other Loans Owed	Ø
Cash in Bank	20,000	Other Liabilities or Debts	Ø
Value of Other Assets and Equipment	15,000	Total Liabilities	Ø
Total Assets	85,000 ✓		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

<u>Level of Service</u>	<u>0-3 Miles</u>	<u>4-6 Miles</u>	<u>7-10 Miles</u>	<u>Per Mile After 10 Miles</u>
Ambulatory	6.60	10.25	13.75	1.39
Wheelchair	13.99	18.00	23.00	1.41

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> Abbeville | <input checked="" type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input checked="" type="checkbox"/> Lee | <input checked="" type="checkbox"/> Saluda |
| <input checked="" type="checkbox"/> Aiken | <input checked="" type="checkbox"/> Chester | <input checked="" type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input checked="" type="checkbox"/> Allendale | <input checked="" type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input checked="" type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input checked="" type="checkbox"/> Clarendon | <input checked="" type="checkbox"/> Greenwood | <input checked="" type="checkbox"/> Marlboro | <input checked="" type="checkbox"/> Union |
| <input checked="" type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input checked="" type="checkbox"/> Hampton | <input checked="" type="checkbox"/> McCormick | <input checked="" type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input checked="" type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input checked="" type="checkbox"/> Newberry | <input checked="" type="checkbox"/> York |
| <input checked="" type="checkbox"/> Beaufort | <input checked="" type="checkbox"/> Dillon | <input checked="" type="checkbox"/> Jasper | <input checked="" type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input checked="" type="checkbox"/> Kershaw | <input checked="" type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input checked="" type="checkbox"/> Calhoun | <input checked="" type="checkbox"/> Edgefield | <input checked="" type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield | <input checked="" type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL-CHAIR LIFT
Mitsubishi	2018 outlander	026816	3109	no
Dodge	2007 Grand Caravan	101664	3821	no
Chrysler	2005 Chrysler T&C	118979	4256	no
Dodge	2008 Grand Caravan	193176	4217	no
Burck	2005 Terra2a Van	210750	4470	no
Dodge	2005 Grand Caravan	270155	4222	no
Dodge	2008 Dodge Caliber	506021	3012	no
Dodge	2005 Grand Caravan	544883	4221	no
Chrysler	2006 Van	620720	3900	yes
Dodge	1999 Van	851285	4213	no

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Transportation on Demand Inc.
 Name of Applicant
14 East Butler Rd. Ste A, Mauldin, SC 29662
 Address of Applicant

Amount of Premium:

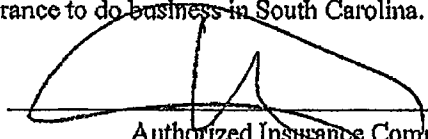
Liability Insurance \$ 6,000

The above quoted premium is for a term of 12 months.
 Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

Atlas
 Name of Insurance Company
953 American Ln. 3rd Fl. Schaumburg, IL 60173
 Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/26/19 Date

 Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Transportation on Demand, inc

Name of Applicant

14 East Butler Rd Suite A Mauldin SC 29662

Address of Applicant

Amount of Premium:

Liability Insurance \$ 1,169

The above quoted premium is for a term of 10 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	<u>1,169</u>
Medical Payments per Person	\$ 1,000	<u>3,529</u>

Taylor Agency - American Service Insurance Company inc / Atlas Gateway

Name of Insurance Company

953 American Lane 2nd Fl Schaumburg, IL 60173

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Transportation on Demand, Inc.
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Transportation on Demand inc by
James J. Jeter

Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 25 day of February, 2019

[Signature]

Notary Public

Commission Expires Sept 25 2027



Print Application

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Business Name: Transportation on Demand, Inc.

Feb 07 2019

REFERENCE ID: 283820

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA
Signature Page for a Secretary of State Business Filing
completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation, Nonprofit Corporation, and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Jamarlo Yates
Name

2-7-2019
Date

Jamarlo Yates
Signature

incorporator
Title / Position

Catherine Fielder
Name

2-7-2019
Date

Catherine Fielder
Signature

incorporator
Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Attorney Signature

Required for forms that implicitly state that an attorney must sign. (Articles of Incorporation for Corporation, Nonprofit Corporation, and Benefit Corporation)

Brian Payne, Esq. an attorney licensed to practice
in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate
is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of
Laws, as amended, related to the articles of incorporation.

Brian Payne
Attorney Signature

Feb/06/2019
Date

Scan and Upload this document to the Business Filing System during the filing process.
File must be in PDF Format.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 07 2019

REFERENCE ID: 283820


SECRETARY OF STATE OF SOUTH CAROLINA

Transportation on Demand, Inc.

Name of Corporation

7. I, Brian J. Payne, Esq. an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, related to the articles of incorporation.

Date: 02/07/2019

Name of Corporation:

Transportation on Demand, Inc.

Brian J. Payne, Esq.

Signature

Brian J. Payne, Esq.

Type or Print Name

112 Davenport rd apt 227

(Street Address)

Simpsonville, South Carolina 29680

(City, State, Zip Code)

864-478-7602

(Telephone Number)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 07 2019

REFERENCE ID: 283820


SECRETARY OF STATE OF SOUTH CAROLINA

Transportation on Demand, Inc.

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address and signature of each incorporator is as follows (only one incorporator is required):
a.

Jamarlo Yates

(Name)

112 Davenport Road, Apt. #227

(Address)

Simpsonville, South Carolina 29680

(City, State, Zip Code)

Jamarlo Yates

(Signature)

b.

Catherine Fielder

(Name)

112 Davenport Road, Apt. #227

(Address)

Simpsonville, South Carolina 29680

(City, State, Zip Code)

Catherine Fielder

(Signature)

c.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 190207-1650508

Filing Date: 02/07/2019

Feb 07 2019
REFERENCE ID: 283820

STATE OF SOUTH CAROLINA
SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

1. The name of the proposed corporation is:

Transportation on Demand, Inc.

2. The initial registered office of the corporation is:
14 East Butler Road, Suite A

(Street Address)
Mauldin, South Carolina 29662

(City, State, Zip Code)

And the initial registered agent at such address is:

Jamarlo Yates

(Name)

I hereby consent to the appointment as registered agent of the corporation

(Agent's Signature)

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of
shares authorized is 100,000.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized Number of Each Class

_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series
within a class, are as follows:

--

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is
indicated (see Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) of its incorporation is
02/07/2019

The State of South Carolina

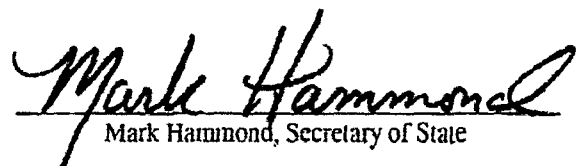
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Transportation on Demand, Inc., a corporation duly organized under the laws of the State of South Carolina on February 7th, 2019, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 7th day
of February, 2019.


Mark Hammond, Secretary of State